FILED Apr 01, 2004 8:00 am Secretary of State

ANNUAL REPORT	UN
DOOLINEST # D04000400504	T

DOCUMENT # P01000108521 1. Entity Name COAST SIDE VIEW, INC.					04-01-2004 90038 045 ***							
Principal Place of Business Mailing Address									29	บอะเ	, , ,	
2121 PONCE STE 721	DE LEON	306 ALCAZAR AVENUE			ļ							
STE 721 SUITE 302 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134						1.1901						
Principal Place of Business 3. Mailing Address			,									
306 ALCAZAR AVE.						1 I TT	BB1 (4) BB1	DI KIBN BANK B	BIEL BESEL ALI	19 NETION (O 970)		Mar II (EM)
Suite, Apt. #, etc. Suite, Apt. #, etc.						022520	04	Chg-P		CR2E034	(10/03)	
SUITE 302 City & State City & State						4. FEIN					qΑ	plied For
CORAL GABLES, FL			Countr	n		<u>65</u> -1	11557	44				Applicable
33/3				У	1	5. Certifi	cate of	Status Des	ired		8.75 Add e Required	
	6. Name and Address of Current Re	gistered Agent		Name		7. Name	and A	idress of I	lew Regi	stered Ag	ent	
VEGA, ALI	BERTO								,			
-2121 PON	CE DE LE ON			Street Address (P.O. Box Number is Not Acceptable) 300 ALCAZAE AVENUE #302								
-87E-721- -MIAMI, FL		1	Ī	STE								
	$\sim M$		1	City	<u> </u>	40	216			FL	Zip Code	134
8. The above	named entity submits this state profit for	he purpose of changing its	registered	CORT d office or re	egistere	d agent, o	or both,	in the State	of Florid		niliar with,	and accept
the obligat	tions of registered about.		-						·/		/ /	,)
SIGNATURE 3/38/2004												
Signature. Special printerior of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OATE												
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campai Trust Fund Conta		cing 🔲	\$5.0 Adde	00 May B d to Fees	le					}
10.	OFFICERS AND D		11.			ADDITIO	ONS/CI	IANGES TO	OFFICE	RS AND D		
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STREET ADDRESS	· ·					306 ALCAZAR AVE. STE 302						
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STREET ADDRESS	DRESS 2121 PONCE DE LEON BLVD, #721									E Z		
CITY-ST-ZIP	MIAMI, FL. 33134				<u> COE</u>	CAL	6A	BLES	FL	<u> 35</u>		
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CITY-ST-ZIP	certify that the information supplied with *	his filing does not		ST-ZIP	rd in Ser	tion 110 /)7/3Vi\	Florida Sto	tutes 1 to	other cortif	v that the in	nformation
12. I hereby certify that the information supplied with this filling does not apply for the exemption stated in Section 119.07(3)(i), Florida Statutes, I turther certify that the information indicated on this report or supplemental report is true and accurate and a state my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accrees, with at other than provided in the changed of the chang												
changed, or on an attachment with an address, with at other than powered												